Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Nar	REWI	NG CO.		Telephone Number		Date of Inspection	ID#		
Address 3312 PLAZA DRIVE, NEW ALBANY IN 47150					Est 812-944-2577 Own 502-821-4475		09/15/2020		
Owner AMY BAYLOR					Purpose X Routine		Follow Up	Released 09/25/2020	
Owner's Address 3406 ASHWOOD COURT NEW ALBANY, IN 47150-2478					——Follow-u Complai				
Person in Charge BILLIE GRAY					Pre-Ope		Menu Type 1 2 _X 3 4 5		
Responsible Person's Email NEWALBANIANOFFICE@GMAIL.COM					Tempora HACCP	iry			
Certified Food Handler BILLIE GRAY					Other (li	st)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"									
Section #	C N	NC	R Narrative	Narrative To Be Corrected					
404)	X	Observed cove b	Observed cove base missing in various BOH areas.				1 WEEK	
426	2	X		Observed unused and unecessary equipment and building supplies 1 MONTH					
430	the ceiling. Prior to opening to the public, the BOH and dining areas must be free of any building supplies and any aesthetic projects completed in public areas. If remodel scope grows beyond aesthetics, than a plan review								
217	,	X	•	will be required. Observed heavy burn build-up on the exterior of pizza pans. 1 WEEK					
218		X		Observed keg walk-in cooler to be leaking.				1 WEEK	
245		X		Observed rags at prep area to be out of sanitizer solution.				CTED	
342	2	X	_	Measured handsink at 70. Must reach and sustain 100 for 20 seconds.				1 WEEK	
Summary of Viola	tions	C	NC _	7 R <u>0</u>					
Received by (name and title printed):					Inspected by (name and title printed):				
BILLIE GRAY				A.J. Ingram CHIEF FOOD SPECIALIST					
Received by (signature):					Inspected by (signature):				
cc:				cc:	-		cc:		